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Sliding doors

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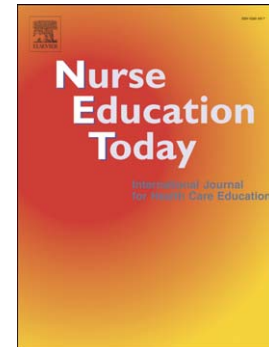
Sliding doors: Did drama-based inter-professional education improve the tensions round person-centred nursing and social care delivery for people with dementia: A mixed method exploratory study

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TITLE:

SLIDING DOORS: DID DRAMA-BASED INTER-PROFESSIONAL EDUCATION IMPROVE THE TENSIONS ROUND PERSON-CENTRED NURSING AND SOCIAL CARE DELIVERY FOR PEOPLE WITH DEMENTIA: A MIXED METHOD EXPLORATORY STUDY

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Abstract

This educational intervention takes place when the population of older people with dementia is increasing. Health and Social care professionals must work jointly in increasingly complex contexts. Negative attitudes towards older people are cited as a contributor to poor care delivery, including the use of dismissive and/or patronising language, failing to meet fundamental needs and afford choice. 'Sliding Doors to Personal Futures' is a joint, drama-based, educational initiative between NHS Education Scotland and the Scottish Social Services Council, delivered using interprofessional education (IPE) towards encouraging person-centred health and social care.

This paper considers whether 'Sliding Doors' had an impact on social work and nursing students' attitudes to older people, person-centred care and interprofessional collaboration. Two groups of third year students were studied; one from nursing and one from social work. A mixed methods approach was taken and attitudes and attitudinal shifts measured and discussed.

Quantitative results demonstrated that social work students made positive attitudinal shifts in some questionnaire items and collectively the social work students were more person-centred than nursing students in their care approaches. The qualitative data however, drawn from focus groups, illuminated these results and highlighted the link between the ability for a professional to be person-centred and the conceptual view of risk within the particular profession. Risk acceptance, the theoretical position of social work, may facilitate person-centred care, whereas the perceived risk-averse nature of the nursing profession may inhibit it. Students' attempts to understand the quantitative results, without understanding the restrictions and parameters of each other's profession, led them to revert to stereotypes and negative views of each other as practitioners.

The paper concludes that there is an important difference between nurses' and social workers' frames of reference. It is suggested that IPE in its current form will not impact positively on outcomes for older people, unless both professions can openly acknowledge the reality of their professional contexts and develop an understanding of each other's professional restrictions, opportunities and aspirations.

Keywords: Interprofessional education, Health and Social care, dementia education, person-centred care, attitudes towards older people, risk aversion.

BACKGROUND

This paper describes the evaluation of a novel educational intervention for undergraduate nursing and social work students: *Sliding Doors to Personal Futures* (NHS Education for Scotland (NES) & Scottish Social Services Council (SSSC) 2011). *Sliding Doors* is a drama-based learning resource designed to encourage health and social care professionals' collaboration around developing person-centred health and social care delivery for older people. The title is based on the 1998 film of the same name which played out two very different futures for a person based on a decision she made at a point in her life.

Policy context

This educational intervention takes place as the older population is increasing and legislation in Scotland requires that nurses and social workers (and by extension nursing and social work students) work towards an integrated approach to older people's care delivery in the community (Scottish Government 2014b). The number of people with dementia is increasing and somebody in England and Wales will receive a diagnosis of dementia every 3.2 minutes (Matthews & Brayne 2005). While informal caring meets 50% of care costs, 40% of the £23 billion required for dementia care is met by social care and 5% by healthcare (Alzheimers Research 2012).

The risk of poor quality care delivery for older people is evident throughout the United Kingdom (UK) (Centre for Policy and Ageing (CPA) 2009; Care Quality Commission 2011/2013; Mental Welfare Commission for Scotland 2012; Francis 2013). Negative attitudes towards older people are cited as a contributor to poor care, including the use of dismissive and/or patronising language, failing to meet fundamental needs and failure to afford choice. A shift towards positive attitudes towards older people from a societal, institutional and personal perspective has been identified as fundamental to improving care delivery (Age UK 2011; The Patients' Association 2011; Liu et al 2013).

Barriers to person-centred care include societal and personal ageism toward older service users (Croft et al 2011). Older people can be denied therapeutic interventions for diseases on the basis of age (Cornwall et al 2012) and also fundamental care requirements (Tadd et al 2011; Oliver 2012; Mental Welfare Commission 2012). The Joseph Rowntree Foundation (2011) highlights over-reliance on informal caring, increasing bureaucracy and inflexibility in service choice and delivery plus a paternalistic approach to safety.

To improve health and social care for older people, the Scottish Government (2011) introduced Reshaping Care for Older People (RCOP). Older people are recognised as an asset and offered control and support about their future and care at point of delivery. Feeding into – and from – RCOP are a number of Scottish Government policies including Scotland's National Dementia Strategy (Scottish Government 2013), Carers' Strategy for Scotland (Scottish Government 2010) and Self-Directed Support (Scottish Government 2014a). Underpinned by the overarching Public Bodies (Joint Working) (Scotland Act) 2014 (Scottish Government. 2014b), these documents provide direction to person-centred health and social care delivery. Collectively the documents point to an assets based approach underpinned by rights based care from flexible and responsive services.

To improve person-centred integrated health and social care, NHS Education for Scotland and Scottish Social Services Council developed educational material using dramatised scenarios and interactive discussion that has been delivered interprofessionally across the public and private sector in Scotland to assist professional decision making and joint working within the Reshaping Care

for Older People (RSOP) agenda (Scottish Government 2011). Initially developed for professionals in practice, the University of Dundee volunteered as the first Higher Education Institution (HEI) to pilot this resource with students on professional courses and to evaluate its potential for interprofessional undergraduate education.

How well professionals from health and social care work together influences the quality of carer delivery for patients and service users (Reeves et al 2008). There is some evidence that interprofessional education, where students from different disciplines meet and interact with each other rather than passively learning together in lectures, can positively influence perceptions of each other, improve working relationships and ultimately improve the quality of care (Clifton et al 2006, Hammick et al. 2007).

A day's workshop was arranged involving 3rd year nursing and social work students who had not had any education together before this juncture. Pre and post-test measures were taken in relation to attitudes to working with older people and to interprofessional working.

METHODOLOGY

Educational intervention

The *Sliding Doors* learning resource combines elements of interactive drama based learning, theatre, and participatory learning. Participants begin the workshop with a series of value-based warm up activities before breaking into small interdisciplinary groups. The groups begin discussing what makes a "good life", not in general, but personally. While participants are engaged in these discussions two actors and a "director" enter the room and play out a drama between an older person with early dementia and her husband. The drama freezes and participants are asked by the director to consider what a good life for these protagonists would be. Participants are then asked to consider what they would do professionally to bring about the good life for this older couple. Another scene then unfolds and two different futures are played out for students to see based on care choices made on the couple's behalf. Students are engaged in further structured group discussions until finally each group must develop and present some commitments to the characters in the drama. The workshop ends with a discussion around the current policy and practice landscape and what needs to change in the service delivery system and on a personal practice level. Resources for the programme are provided by NES (2015). We hoped that as a result of the workshop students would:

- Express more positive attitudes towards older people
- See older people valued as an asset rather than a service recipient
- Recognise how to treat older people with dignity
- Shift approaches to care and support to focus on outcomes that people want
- Share learning and good practice across disciplines
- Recognise how to work together more effectively
- Broaden their view of kinds of services and supports older people may want

Sample

The daylong workshop was provided to all third year social work and nursing students as part of their normal teaching and practice integration days. These days are timetabled teaching days as either part of a taught module or as a recall day from practice placements and, as such, are part of normal classes. Although students were expected to participate in the workshops, they were not required to participate in the completion of the questionnaires or anonymous evaluation process.

Participant information was provided before the workshop and informed consent was implied through student participation in evaluations. Though teaching evaluations are normally exempt from research ethics committee oversight, the evaluation procedures were approved by the University's Research Ethics Committee. The number of students participating in the evaluation were 30 nursing students and 33 social work students.

Methods

Like Gibbs (2010), we believe that it is possible to measure learning using measures beyond traditional assessment methods, and such findings can positively impact on teaching. As such, we were interested in evaluating the outcomes of a new educational intervention. A mixed methods approach (Johnson and Onwuegbuzie, 2004) was employed beginning with what Rubin and Babbie (2001) describe as a pre-experimental, pre-test-post-test design. We followed this element of the research methods with discipline specific focus groups to explore the meaning of the statistical analysis with students. Uni-disciplinary groups were chosen to allow students to express honest, and even stereotypical, feelings without fear of 'offending' their colleagues from the other profession. As it transpired, negative and stereotypical views were expressed and so further, mixed professional discussion might have been extremely useful.

This mixed-method approach generated both quantitative and qualitative data to investigate the impact of the 'Sliding doors' workshop on student attitudes towards older people and person-centred care. We were interested to gauge the initial response of the social work and nursing students to the educational intervention, identify learning that may have occurred in key areas, and to see if there was any short term attitudinal shifts.

A 21 item questionnaire was developed to measure learning outcomes. The scale used a 5-point Likert-scale from Strongly Disagree to Strongly Agree. The questionnaire items were based on three instruments commonly used in studies of interdisciplinary education (McFadyen, MacLaren & Webster, 2007; Bronstein, 2003) and attitudes towards older people (Kogan, 1961, 1979). While Kogan's scale has been criticised as outdated, it has been psychometrically tested using nursing student populations (Yen et al. 2009, Rejeh et al. 2012, Matarese et al. 2013). At the time of the study, there was no published scale to measure attitudes towards older people which was validated for both nursing and social work students. The questionnaire was checked for face validity by the project team and academics within the teaching teams.

The questionnaire was administered using Turning Point – an interactive polling system – immediately prior to the workshop but students were given the option of not taking part in the evaluation. The question series was repeated with the student group after the workshop, and students answered them on the same handset for pre and post-test comparison

Eight weeks after Sliding Doors, uniprofessional focus groups were held. Initially, quantitative findings were shared with the student group and the focus groups were to explore these in greater depth. The discipline-specific groups were sub divided into smaller focus groups. Each group was given a series of prompt questions in relation to understanding the statistical findings and points raised were noted by each working group's facilitator. Groups were encouraged to be unconstrained by the questions and to take note of what they felt were the important points. Comments were then collated.

DATA ANALYSIS

Quantitative data were collected by 'Turning point' and then imported into Statistical Package for the Social Sciences (SPSS) for Windows, Version 15.0. Paired *t*-tests were carried out on each question, looking for attitudinal shifts. Independent *t*-tests were also performed on each question to ascertain any significant differences in attitudes between nurses and social workers at both the pre and post-test stage. The questions showing attitudinal shifts were further analysed by running the tests again on a split file i.e. on the nurses group and the social work group, separately.

Qualitative data were initially analysed independently by two of the authors (LD & JF), each author analysing the data from her own discipline. Themes were identified and coded. Data and themes were shared, discussed, checked and agreed by both authors.

Results

Quantitative results

The questions in the table were the only ones from the question series showing significant attitudinal shifts. For the purposes of deeper analysis, the paired *t*-tests were run on a split file, allowing comparison of social workers' and nurses' attitudinal shifts. Results are shown in Table 1:

Insert table 1 here

It is clear from Table 1 that only social work students made significant attitudinal shifts.

Significant results from independent *t*-tests comparing social workers' and nurses' attitudes pre and post-test, are shown in Table 2. The independent *t*-tests were not concerned with attitudinal *shifts* but investigated significant differences in attitudes between nurses and social workers. Questions which gave rise to attitudinal differences are shown in Table 2:

Insert Table 2 here

The above results would suggest that social workers were more person-centred than nurses in their attitudes.

In terms of attitudinal shifts in regard to interprofessional working, the only statistically significant findings are shown in Table 3:

Insert Table 3 here

Once again, social workers made significant attitudinal shifts whereas nurses did not. No significant differences between the groups, pre or post-test were demonstrated. On the second question however, nurses disagreed more pre-test and shifted to further disagreement (not significant) and ended up disagreeing marginally more post-test.

Overall, only social work students made attitudinal shifts. Also, significant differences in attitudes between nursing and social worker students pre and post-test were found for several questions which would suggest that the social work students were more person-centred in their attitudes to older people.

Qualitative findings

Social work students:

Two key themes emerged from social work (SW) students' comments:

1. Differences in professional training, context and role expectations. The overwhelming number of comments concerned differences between the professions, for example:
'Social workers are concerned about the person, family, surroundings; nurses mainly concerned with the individual and their illness'
'Nurses work in a much more clinical setting, with a focus on the medical model'
2. Stereotypical views of nurses' personal characteristics, for example,
'Nurses seem stubborn and not willing to change their views'
'The attitude of nurses seems to be very negative'

Nursing students:

Three key themes emerged for the analysis of nursing students' comments:

1. Nursing students perceived that social work students had *no* idea whatsoever about the amount of care involved in caring for a person with dementia, especially in regard to physical/personal care. They take a person-centred stance but have no concept of the reality of the situation. For example:
'We're the ones with the patients 24/7 and that is a reflection of experience and knowledge. As nurses you encounter patients with dementia in lots of different environments,'

'There's no comparison between the roles and SW have no clue of the care needs I believe. How could they possibly? They might spend an hour....two hours talking to the person and ...their relatives...but they're just not...experiencing the hands on care involved... The roles are different but SW always seem to make the decisions.....'

AND

'I suppose SW know more about the social care but we know more about what they need. We know about the practical side but they (SW) know about the ideal side'.

2. The second theme concerned a nursing context perceived as risk averse and 'safety first.' Nursing students felt that a person centred approach was compromised because of physical risk and safety concerns taking priority.

'It's exposure to different care cultures.....nurses think "safety" far more than SW. Nurses want people to be safe and cared for and happy. Sometimes nurses agree with carers instead of the person who wants to go home. Maybe for the right reasons maybe for the wrong ones...'

'But this safety culture....that's the way nurses have been taught forever....'

AND

'Yes we get clinical governance when you can't make a mistake...and everything is about safety. We have policies and guidelines...and we can't think for ourselves sometimes...'

3. Finally, the hospital focus of the nursing cohort emerged as an important theme. Even though 'Sliding Doors' is set in the community, when asked about attitudes to older people, the nursing students reverted to a hospital care default position, for example:

'We're not seeing people properly in their own homes in their own environment.....not for any length of time....'

AND

'Care managers and SW are in the main dealing with people in their own homes – not the environments we have to nurse in with other people to think about too. SW are not there for an 8 hour stretch. They don't know about how easily people can fall or become confused or be dependent...they really don't know. They come in and ask.....but they don't listen. They just make up their own minds...'

Interprofessional working

Both cohorts of students made comments demonstrating seeing the worth in interprofessional working and expressing a need for more understanding:

'A better understanding of each other's role,'

'Discussing job roles helped to improve interprofessional working'

AND

'Interprofessional learning should be part of the curriculum.....and could include leadership etc. I worked with a SW one or two days of practice in acute care. I really liked it and I learned....but I don't see this happening the other way. Should SW students not be part of a ward team for some of their experiences?'

Emergent themes from the qualitative data suggested that social workers perceived very different work and educational contexts of nursing and social work, and demonstrated some quite negative views of nurses' characteristics. Nurses, on the other hand, overwhelmingly felt that social workers did not understand the complexity of dementia care and did not understand the reality of the situation. They also felt strongly that the prevailing risk averse culture in nursing compromised a real person centred approach (See Appendix 2).

DISCUSSION

The literature suggests that nursing students are less inclined to pursue a career in nursing older people as they progress towards registration (Levitt-Jones 2009, Kydd 2013). Of the group of year 3 nursing students in the study, only two identified a career intention to work with older people. Social work students have also been found to express reluctance about working with older people (e.g. Hughes and Haycox, 2006 and Fenton and Walker, 2011) although the literature appears consistent in the finding that experience or experiential learning with older people can increase inclination towards this service user group. In the current study, although on first reading the statistical results would appear to suggest that nurses are more intransigent in their views (thus less able to make attitudinal shifts) and less person-centred in their attitudes to working with older people, the focus groups' discussion of the findings offer a different interpretation.

Nursing students quickly socialise into care cultures while on clinical placement. They may be restricted in a person-centred approach due to the impact of normal ageing being applied as a medical model in healthcare. Any frailty is medicalised and viewed as abnormal (Carson 2009). Older people's healthcare has until now been based on an overarching view of incapacity and dependence rather than individual capability and independence (Scottish Government 2011). The community dwelling older person who becomes a patient risks being cared for by healthcare professionals who continue to subscribe to and perpetuate the myths of society round increasing frailty and

dependency with age (Clark et al 2009). Older people have the right to choose where they live despite nurses perceiving their choice as unsafe (Nursing and Midwifery Council (NMC) 2009). A limited understanding of a social work remit and community options available for people with dementia compounded by an ageist perspective means that nursing may not foster person-centeredness. Decision-making autonomy for people with dementia is constrained as a result.

The effect of these attitudes towards older people may be compounded by policies and guidelines which emphasise “safety” more than, or at least equal to, autonomy. Whether patient safety is paramount as a result of perceptions of frailty is rarely discussed. But nurses are duty bound by the principles of their professional Code one of which is to “preserve safety”(NMC 2015) and although risk reduction is acknowledged, there is little guidance around what constitutes acceptable risk aside from risk to a third party (NMC 2009). Neuberger (2008) notes that people outwith healthcare are more likely to be person-centred because they are not bound by the constraints of a risk averse organisation. The students identified that Clinical Governance in association with policies and guidelines for practice, restricts their professional decision making and increases fear of making “a mistake” in relation to patient safety.

So, negative attitudes towards older people, a context of safety as paramount and the reality of a risk averse culture underpins the problem for nursing students. Only when being compared to another profession where person-centred care overarches decision making and when students are *encouraged explicitly* not to be risk averse does this become apparent. For example, the Scottish Social Services Council (SSSC) Codes of Practice state that social workers must, “Recognise.... that service users have the right to take risks” (SSSC, 2009: 4.1). The challenges of helping service users exercise this right, and the increasingly risk averse nature of social work are recognised both in academic writing and in practice (Webb 2006; Barry 2007; Littlechild 2010; Munro 2011), but, nonetheless, the recognition of the tension and the aspiration to risk acceptance, is explicit. This means that social work education is free to educate students about the oppressive potential of risk averse, safety-first thinking. In this study, it took a threat to nursing students’ view of themselves as caring, person-centred professionals, to stimulate honest reflection and to uncover elements of the risk averse culture and context of nursing practice that might inhibit person-centred practice. Nursing students identify the importance of having critical thinking skills to question and challenge in practice. There is still a tension between the NHS and educational institutions in developing flexible nurse education to promote person-centred care in a risk averse and over-regulated system (Willis Commission 2012).

So, the ethos of decision making between health and social care differs and professional conflict is almost inevitable. Nursing students worried about what their social work counterpart participants thought of them but also perceived social workers in practice to be unrealistic in their expectations and knowledge of older people with dementia. This perception was based on the belief that social workers lacked time spent with patients using in-patient services and lacked knowledge of the capabilities of the patient within this care setting. Thomson et al (2015, p637) found ‘misconceptions about roles’ to be a significant feature of stereotyping between different groups of healthcare professionals and comments such as ‘they just don’t understand our workload’ were common and resonate with the nursing students comments that social workers just did not understand their role or what they had to do in reality.

Social work students, although they demonstrated a greater ease with person-centred practice and a greater responsivity to influence, also exhibited some concerning stereotypical ideas about their nursing colleagues. Foster and Macleod Clark (2015), in a large-scale study of health and social care undergraduates, assessed the effect of IPE on stereotypical beliefs about different professions. They found that stereotypes of different professions were strongly held and that the IPE intervention had little impact. Over time, the intervention group in some cases actually increased their stereotypical beliefs. Thomson et al (2015) also found that stereotypical beliefs were commonly held among recent graduates in different health care professional groups and that this was linked to professional identity, even in interprofessional teams, where identity was more strongly related to the profession than the team. In relation to the current study, the social work students, once again, demonstrated a more positive attitudinal shift towards IPE than the nursing group (see Table 3) and yet, when given the results of the quantitative data analysis, did resort to stereotyping. Once again, this indicates quite strongly held stereotypes and a rather fragile positive effect of IPE. This might be especially true when real discussion and understanding of culture and context is absent and students are left to explain the findings in the way that seems most obvious to them e.g. ‘nurses seem stubborn.’ The idea that, rather than these qualities being intrinsic to nurses as people, nurses were significantly constrained by their working environment, was acknowledged only to a very limited degree. Unsurprisingly, then, although interprofessional education (IPE) is lauded in Higher Education (Royal College of Nursing (RCN) 2007), and required of nursing students by the Nursing and Midwifery Council (NMC, 2010), there is, to date, little evidence of the benefits in practice without further research interventions which triangulate methods to include qualitative data (Reeves et al 2009; Reeves et al 2013). Indeed IPE has been found to be ineffective in changing behaviour (Freeth et al 2005) and although there is an increase in understanding of other professional roles (Cartwright et al 2013) professional values still need to be shared and understood if interprofessional learning is to be effective (Aguilar et al 2014). Our research would suggest that IPE needs to go beyond current established methods and to embrace the reality of each profession’s context, restrictions and aspirations.

All government drivers direct shifting the balance of care towards the person’s own home and the “Sliding Doors” resource remains available to health and social work practitioners and educators to encourage integrated approaches to person-centred care delivery for people with dementia. If nurse education remains slow to shift from an acute and technological focus towards motivating nursing students to recognise the value of primary care and nursing older people in the community, students risk remaining ‘fixed’ in the medicalised priorities of hospital care and the care culture. The theory/practice gap then becomes a schism and constrains true decision making for people with dementia. Educational strategies are needed that not only introduce nursing students to critical thinking as a valuable graduate skill, but which will develop their confidence in applying critical thinking skills to practice. Only IPE that is embedded in practice and not purely theoretical can increase not just understanding of others’ roles but enhance knowledge and discussion of influences over decision making and support for person-centeredness. Can IPE with social work students in the community help nursing students understand the potential for more effective person-centred care delivery and risk minimisation rather than risk eradication? Likewise, can social worker students be helped by nursing students to understand the nature and priorities of hospital care for older people?

If they are helped to see nursing constraints and restrictions, understanding should increase, and negative views of the nurses themselves should be avoided.

Limitations

This is a small scale, pre-experimental educational evaluation and as such makes no claims of generalisability. As we did not have a comparison group we are also unable to rule out threats to the internal validity of the evaluation (e.g., factors other than the educational intervention may account for changes identified). In addition, our evaluation looked at outcomes at the attitudinal level, not at changed student behaviours or improved outcomes for service users, patients and carers. It is argued that educational evaluations in health and social care should ultimately be concerned with better outcomes for service users.

Finally, we used uni-professional focus groups of students to explore the results of the pre-post questionnaires. Presenting results which appear to confirm some stereotypes allowed students to latch onto the stereotypes as explanations for the results, rather than exploring the more nuanced and environmental contexts of the results. It may have been useful to use a mix of uni- and multi-professional focus groups.

Despite these limitations, we believe that the evaluation provides important insights into IPE. In addition, using pre or quasi-experimental designs in educational evaluations can be an important step in testing out new teaching techniques. Sharing the insights from studies such as ours can help develop techniques until more robust evaluation methods which involve patient/service user outcomes are appropriate.

CONCLUSION

In conclusion, statistical findings demonstrating a difference in 'person-centredness' between nursing and student social workers led to quite emotional and strongly expressed reactions. This, in turn, led to an honest appraisal by nursing students of the *reality* of the nursing context, especially within a hospital setting. Risk aversion and feeling of a lack of appreciation of the nursing role by others emerged as a fundamental barrier to true person-centred nursing practice. Overall there is a need to encourage nursing students to widen their focus from secondary care and increase their understanding of community health and social care delivery and associated decision-making processes.

In terms of IPE, future joint working initiatives must go beyond the statutory requirements of health and social care delivery for older people and aim towards a real understanding of each profession's practice context. In essence, the authors would suggest that one of the fundamental barriers to this understanding is that social work education is concerned with *risk acceptance* as a priority, whereas nursing education prioritises *safety first*.

The community location of many older people is, perhaps, where the differing priorities can be exposed, leading to proper analysis of the different professional contexts. 'Sliding Doors' as a

teaching strategy focuses on community based care, and yet did not evoke the required level of analysis. However, 'Sliding Doors' was a catalyst in exposing the theoretical context around risk aversion which, we would suggest, results in an important difference in nurses' and social workers' frames of reference. Furthermore, we would suggest that this difference widens in the face of the reality of practice.

Ultimately, unless we as educators find effective ways to tackle these differences explicitly and comprehensively, positive outcomes for older people will be difficult to attain.

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Table 1. Working with older people: attitudinal shifts of student nurses and social workers post 'Sliding Doors' workshop

Question	Nursing Students' shifts in attitude	Social Work Students' shifts in attitude	Direction of significant shift
Older people with dementia need to be in a residential home	(M = -.15, SD = .59) t = -1.14 p = .267	(M = -.29, SD = .62) t = 2.29 p = .032*	Social workers shifted to further disagreement
When the carer of a person with dementia needs a break, providing residential respite is usually a good thing	(M = -.17, SD = .79) t = -.9 p = .381	(M = -.69, SD = .97) t = -3.6 p = .001*	Social workers shifted to further disagreement
When working with older people, they usually know what's best for themselves	(M = 2, SD = .77) t = 1.17 p = .258	(M = .29, SD = .55) t = 2.6 p = .016*	Social workers shifted to further agreement

*result is statistically significant

Table 2: Attitude differences between nursing and social work students

Question	Pre-test	Post-test	Direction of significant difference
Most people who care for an elderly spouse want to manage on their own	t = -2.13 p = .039*	t = -2.25 p = .030*	Nurses agreed more
Professionals know what older people need to live a good life	No significant difference	t = -2.12 p = .039*	Nurses agreed more, post test
When the carer of a person with dementia needs a break, providing residential respite is usually a good thing	No significant difference	t = -2.34 p = .024*	Nurses agreed more, post test
Older people should have more power in deciding the services they receive	t = 2.51 p = .015*	t = 2.13 p = .040*	Social workers agreed more

Table 3. Inter-professional working: attitudinal shifts of student nurses and social workers post 'Sliding Doors' workshop

Question	Nursing students	Social Work students	Direction of significant shift
I am willing to take on tasks outside my job description that seem important	(M = .19, SD = .60) t = -1.45 p = .162	(M = .31, SD = .47) t = -3.7 p = .001*	To further agreement
My colleagues from other disciplines are <i>not</i> committed to working together	(M = -.47, SD = 1.07) t = -1.9 p = .07	(M = -.65, SD = .89) t = -3.7 p = .001*	To further disagreement.

**SLIDING DOORS: DID DRAMA-BASED INTERPROFESSIONAL EDUCATION IMPROVE THE TENSIONS
ROUND PERSON-CENTRED NURSING AND SOCIAL CARE DELIVERY FOR PEOPLE WITH DEMENTIA: A
MIXED METHOD EXPLORATORY STUDY**

Highlights

- We explore the impact of drama-based interprofessional education on nursing/social work students
- Nursing and social work students' attitudes towards person-centredness differ
- Nursing and social work students hold stereotypical views of each other's roles
- Nursing students may be being socialised into risk averse care cultures
- Interprofessional education may more effective in practice than theory